



## Forest Practices Application/Notification Eastern Washington

### For DNR Region Office Use Only

FPA/N #:

Region:

Received Date:

YOU MUST USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION.

TYPE OR PRINT IN INK:

### 1. Landowner, Timber Owner, and Operator information.

<u>Legal Name of LANDOWNER</u>	<u>Legal Name of TIMBER OWNER</u>	<u>Legal Name of OPERATOR</u>
Mailing Address:	Mailing Address:	Mailing Address:
City, State, Zip	City, State, Zip	City, State, Zip
Phone (     )	Phone (     )	Phone (     )
Email:	Email:	Email:

### 2. Contact person information.

<u>Contact Person</u>	Phone (     )
	Email:

### 3. Are you a perpetual timber owner?

☐ No.     ☐ Yes. *Include the Notice Of Moratorium On Non-Forestry Use Of Land form and written evidence that the landowner has been notified.*

### 4. If you are harvesting timber, enter the Forest Tax Reporting Account Number of the Timber Owner: \_\_\_\_\_ *For tax reporting information or to receive a tax number, call the Department of Revenue at 1-800-548-8829.*

### 5. Are you a small forest landowner? (Optional)

☐ No.     ☐ Yes.

### 6. Are you substituting prescriptions from an approved state or federal conservation agreement or watershed analysis?

☐ No.     ☐ Yes. *Only complete those portions of this application that do not have alternative prescriptions and see instructions for additional requirements.*

### 7. Legal description and county where the forest practices will occur.

Sub Division (¼ ¼)	Section	Township	Range	E/W	County

**8. Answer each question as it applies to your proposed forest practice. Refer to instructions.**

- a. ☐ No. ☐ Yes. Is the activity within city limits or an urban growth area? City name: \_\_\_\_\_
- b. ☐ No. ☐ Yes. Is the activity within a public park? \_\_\_\_\_
- c. ☐ No. ☐ Yes. Is the activity within 500 feet of a public park? Park name: \_\_\_\_\_
- d. ☐ No. ☐ Yes. Is the activity located on lands platted after January 1, 1960?
- e. ☐ No. ☐ Yes. Does the activity convert forestland to a use other than growing timber within 3 years?
- f. ☐ No. ☐ Yes. Is the activity part of an approved Conversion Option Harvest Plan (COHP)? *If yes, include a copy of the approved COHP.*
- g. ☐ No. ☐ Yes. Is the activity within 200' of the Ordinary High Water Mark (OHWM) or floodway of Type S water? *If yes, contact the county for a Shorelines Permit or a written exemption and include a copy with this application.*
- h. ☐ No. ☐ Yes. Are you applying for a multi-year permit? *If yes, length requested: \_\_\_\_\_ (Specify 3, 4, or 5 years.)*
- i. ☐ No. ☐ Yes. Are you including an Alternate Plan? *If yes, include a copy of the Alternate Plan.*
- j. ☐ No. ☐ Yes. Do you have a DNR approved Road Maintenance and Abandonment Plan (RMAP) for your haul route? *If Yes, RMAP # \_\_\_\_\_.*  
*If No, is a Checklist RMAP required? ☐ No. ☐ Yes.*

**9. Are you cutting or removing timber?**

- ☐ No. ☐ Yes. *Complete the table below and identify all timber harvest and salvage activity boundaries on the Activity Map.*

Unit #	Harvest Type	Yarding Method	Acres (net)	Volume to be Harvested (mbf)	Volume to be Harvested (salvage only) (%)	Number of Trees Per Acre Remaining After Harvest		Steepest Slope in Harvest Unit (%)
						Less than 10" dbh	Greater than or equal to 10" dbh	

**10. What reforestation method will you use?**

- ☐ Reforestation is not required.
- ☐ Planting. Proposed species: \_\_\_\_\_
- ☐ Natural. *Include a Natural Regeneration Plan.*

**11. Do you qualify for the Forest Excise Tax Credit (Salmon Credit)?**

- ☐ No. ☐ Yes.

**12. Are you constructing or abandoning forest roads?**

- ☐ No. ☐ Yes. *Complete the table below. Show locations and identify all road activities on the Activity Map.*

Type of Activity	Total Length (feet)	Steepest Side Slope (%)	Abandonment Date (Mo/Yr)
Road Construction			<i>Does Not Apply</i>
Temporary Road Construction			
Road Abandonment			

**13. Are you developing a spoil area, a new rock pit or expanding an existing rock pit for forestry use?**

- ☐ No. ☐ Yes. *Complete the table below. Show locations of all spoils areas and rock pits on the Activity Map.*

Spoils Area Volume (cubic yards)	New Rock Pit Area (acres)	Rock Pit Expansion Area (acres)

**Work in or over typed water may require a Hydraulic Project Approval (HPA) from the Washington Department of Fish and Wildlife (WDFW). If you have questions concerning the HPA, visit the WDFW website at [www.wdfw.wa.gov/habitat.htm](http://www.wdfw.wa.gov/habitat.htm)**

**14. Are you installing or replacing water-crossings?**

☐ No. ☐ Yes. Complete the table below. Show locations and identify all proposed water-crossings on the Activity Map.

Crossing Identifier	Crossing Type	Dimensions (width x length)	Crossing Identifier	Crossing Type	Dimensions (width x length)

**15. Mark the following activities that will be done in or over Typed Water?**

Activity in or over:	Type S Water	Type F Water	Type Np Water	Type Ns Water
Removing Culverts or Bridges				
Equipment Crossing				
Ground Skidding				
Suspending Cables				
Cable Yarding				
Falling and Bucking				
Other _____				

**16. Are you using the exempt 20-acre parcel RMZ rule on Type S, F or N Waters?**

☐ No. ☐ Yes. Complete the table below and go to Question 19.

Stream Segment Identifier	Water Type	Stream Width (feet)	How close to the bankfull width will you harvest?

**17. Are you harvesting in the RMZ of Type S or F Waters?**

☐ No. ☐ Yes. Complete the table below. Show locations and identify all stream segments on the Activity Map. See the instructions for RMZ Harvest Codes.

Stream Segment Identifier	Water Type	Site Class	Stream Width (feet)	Is there a CMZ?	RMZ Harvest Code	Total Width of RMZ (feet)

**18. Are you harvesting within 50 feet of Type Np Water?**

☐ No. ☐ Yes. Complete the table below. Show locations and identify stream segments on the Activity Map.

Stream Segment Identifier	Selected Strategy (Partial Cut or Clear Cut)	Stream Segment Identifier	Selected Strategy (Partial Cut or Clear Cut)

**19. Is any activity in a wetland or a Wetland Management Zone (WMZ)?**

☐ No.      ☐ Yes. *Complete the table below. Show locations and identify all wetlands and WMZs on the Activity Map. See the instructions for additional information that may be required with your FPA/N.*

Wetland Identifier	Wetland Type (A, B, or Forested)	Activity Type in Wetland	Activity Type in WMZ	Total Wetland Area (acres)	Total Area Drained (acres)	Total Area Filled (acres)

**20. Describe how the following are identified on the ground.**

- Harvest boundaries: \_\_\_\_\_
- Clumped Wildlife Reserve Trees (WRTs) and Clumped Green Recruitment Trees (GRTs): \_\_\_\_\_
- Right-of-way limits and centerlines for road work, culverts and bridges: \_\_\_\_\_
- Riparian Management Zone (RMZ) boundaries and leave and/or take trees: \_\_\_\_\_
- Channel Migration Zone (CMZ): \_\_\_\_\_
- Wetland Management Zone (WMZ) boundaries and leave and/or take trees: \_\_\_\_\_

**21. Have you reviewed this forest practices activity area to determine whether it may involve historic sites and/or Native American cultural resources? Read the instructions before answering this question.**

☐ No.      ☐ Yes.

**22. We affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the Forest Practices Act and Rules as well as all other federal, state or local regulations. Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.**

<b>Signature of LANDOWNER</b>   Print Name:  Date:	<b>Signature of TIMBER OWNER</b> (If different than landowner)   Print Name:  Date:	<b>Signature of OPERATOR</b> (If different than landowner)   Print Name:  Date:
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**Additional Information:** *(Optional)*